

Rutland District Office

2014 Behavioral Risk Factor Surveillance System Data

Guidance • Support • Prevention • Protection

VDH – Public Health Statistics
May 2016

 **VERMONT**
DEPARTMENT OF HEALTH

Table of Contents

	Page
Introduction.....	3
Demographics.....	4
Health Status Indicators.....	6
Health Access Indicators.....	8
Disability.....	10
Chronic Conditions.....	11
Risk Behaviors.....	15
Preventive Behaviors – Fruit & Vegetable Consumption.....	19
Preventive Behaviors – Physical Activity Recommendations.....	21
Preventive Behaviors – Routine Doctor Visits and Immunizations.....	22
Oral Health.....	24
HIV Screening.....	26
Cancer Screening.....	27
Appendix A.....	29

What is the Behavioral Risk Factor Surveillance System or BRFSS?

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey conducted annually among adults 18 and older. The Vermont BRFSS is conducted by the Vermont Department of Health (VDH) in collaboration with the Centers for Disease Control and Prevention (CDC). All U.S. states, Washington D.C. and several U.S. territories participate in the survey.

Typically between 6,000 and 7,000 Vermont adults are interviewed as part of the Vermont BRFSS each year. Vermont residents ages 18 and older are eligible for the survey. A Vermont resident is defined as someone living in the state for at least 30 days in a given calendar year. Adults living in institutions such as nursing homes, group homes, or prisons are not eligible for the survey.

The BRFSS survey includes questions on chronic disease prevalence (e.g. asthma diagnosis), risk behaviors (e.g. currently smoke), demographics (e.g. age, gender, race), health care access (e.g. have health insurance), and preventive behaviors and health screening (e.g. routine visits to a doctor or colorectal cancer screening).

Additional information can be found on the VDH and CDC websites:

- <http://healthvermont.gov/research/brfss.aspx>
- <http://www.cdc.gov/brfss/>

A report summarizing the 2014 statewide results from the Vermont BRFSS can also be found on the VDH website:

http://healthvermont.gov/research/brfss/documents/summary_brfss_2014.pdf

Recent Changes to BRFSS Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. Population weights are now calculated using iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using smaller sample sizes, adjusts for more demographic variables, and incorporates cell phone interview data into estimates.

While these adjustments make the calculations more representative of the population, the changes in methodology also limit the ability to compare 2011 results to previous years. VDH's Center for Health Statistics recommends that comparisons between 2011 BRFSS data and earlier years be made with caution. Statistical differences between 2011 and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

Demographics of Rutland District Office*

The next few pages describe the demographic makeup of Rutland area adults in 2013-2014.

More than half of Rutland adults are female, while two-thirds are ages 25-64. One quarter of Rutland adults are age 65 or older.

- Rutland area adults are significantly more likely than Vermont adults to be 65 or older (24% vs. 21%).

Forty-six percent of Rutland area adults have a high school degree or less.

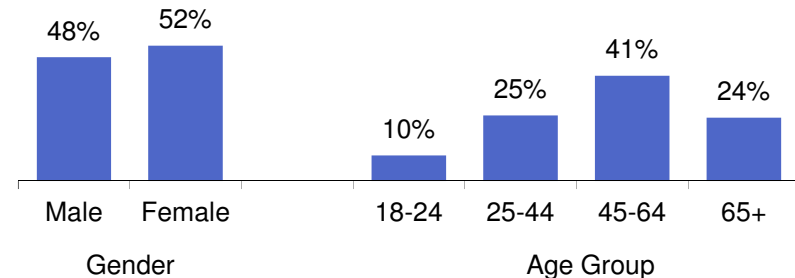
- Rutland adults are significantly more likely than Vermont adults overall to have a high school degree or less (46% vs. 39%) and less likely to have a college degree or more (27% vs. 32%).

Nearly one in four Rutland adults live in a home making less than \$25,000 annually, more than four in ten are in a home making at least \$50,000 per year.

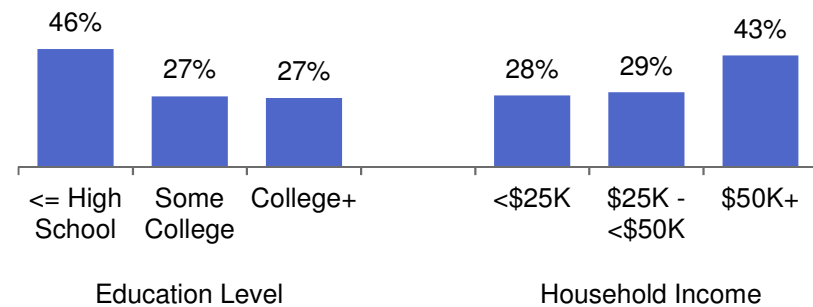
- Rutland adults report a similar income distribution as VT adults overall.

Four percent of adults in the Rutland area report being a racial or ethnic minority, which is similar to the six percent among Vermont overall.

**Rutland Residents
by Gender and Age**



**Rutland Residents
by Education & Income Level**



*See page 31 for a list of the towns included in the Rutland Health District.

Demographics of Rutland District Office

Six in ten (59%) Rutland adult residents are currently employed, while one in five are retired (21%). Eight percent said they are a student or homemaker, while six percent each said they are unemployed or unable to work.

- Rutland area adults are significantly more likely to be retired, as compared with Vermont adults overall.

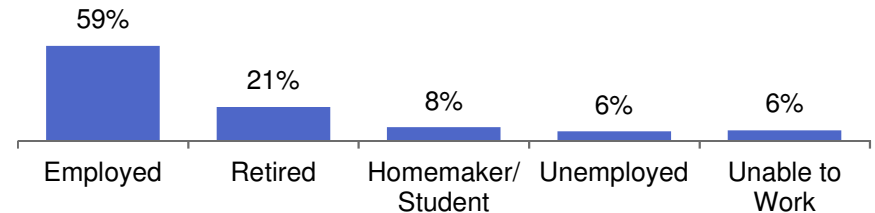
More than half of Rutland adults are married, while two in ten have never married. Thirteen percent are divorced and seven percent widowed. Four percent reported being part of an unmarried couple.

- Adults in the Rutland area reported similar rates by marital status as compared with Vermont adults overall.

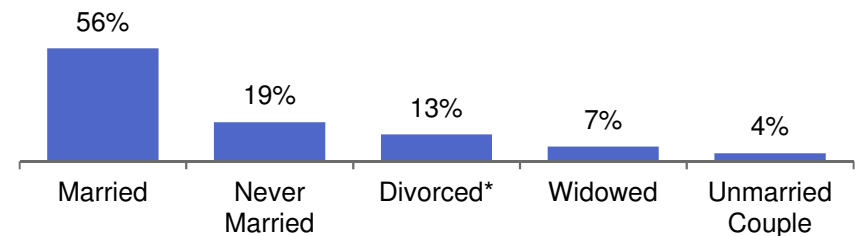
More than seven in ten (73%) adults in the Rutland area said there are no children younger than 18 in their home. Four percent reported having three or more children.

- The number of children in the home reported by Rutland area adults was similar to that for Vermont overall.

**Rutland Residents
by Employment Status**

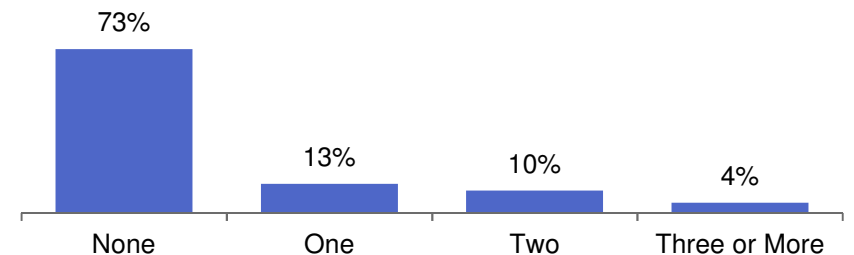


**Rutland Residents
by Marital Status**



*Includes those who reported their marital status as divorced or separated.

**Rutland Residents
by Children in Household**



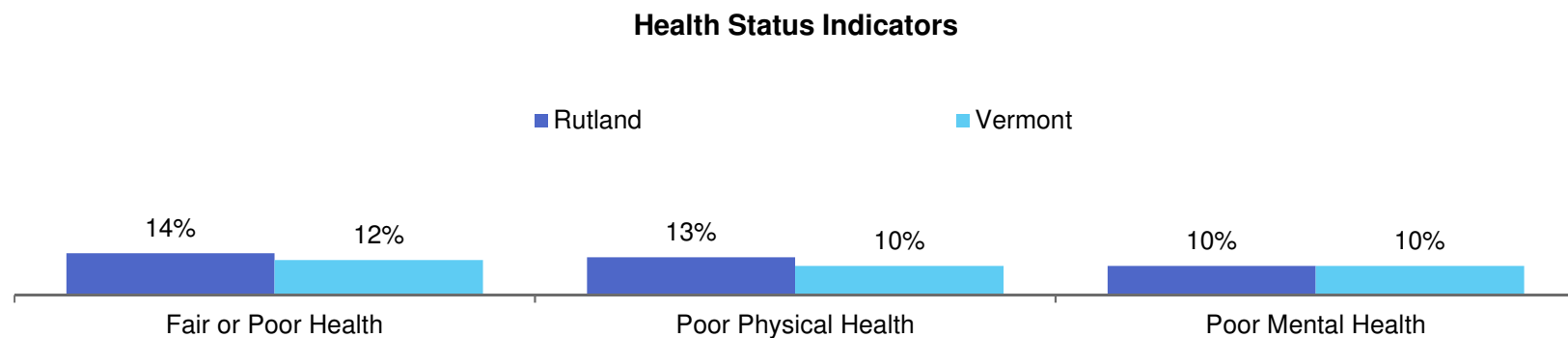
Health Status Indicators

In 2013-2014, one in seven (14%) Rutland area adults reported their general health is fair or poor. Slightly fewer (13%) reported having poor physical health, while 10%, said they had poor mental health.

- Poor mental and physical health were defined as 14 or more days of poor mental/physical health in the last month.

There are no statistically significant differences in health status, regardless of the measure, when comparing Rutland area adults and Vermont adults overall.

Among adults in the Rutland area, health status indicators have not changed significantly since 2011. See Appendix A for results over time.



Health Status Indicators

Rutland area women are significantly more likely than men to report poor mental health (13% vs. 6%).

- Rates of fair or poor general health and poor physical health among Rutland area adults do not differ significantly by gender.

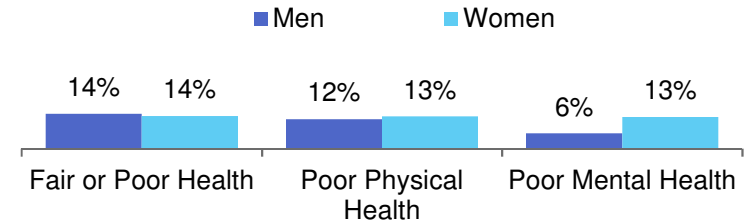
Among Rutland adults, fair or poor general health and poor physical health increases with age.

- Adults 65 and older are significantly more likely to report fair or poor general health and poor physical health compared to younger adults 18-44.
- There are no differences by age in Rutland Adults who reported poor mental health.

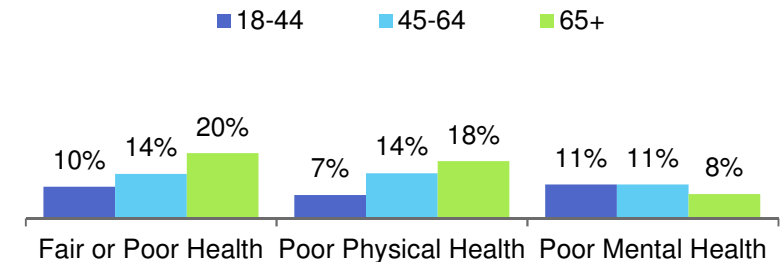
Poor health, regardless of the indicator, among Rutland area adults decreases with increasing annual household incomes.

- All differences in fair or poor general health by income are significant.
- Those in homes making less than \$25,000 per year are significantly more likely to report poor physical health and poor mental health compared with those in homes with higher incomes.

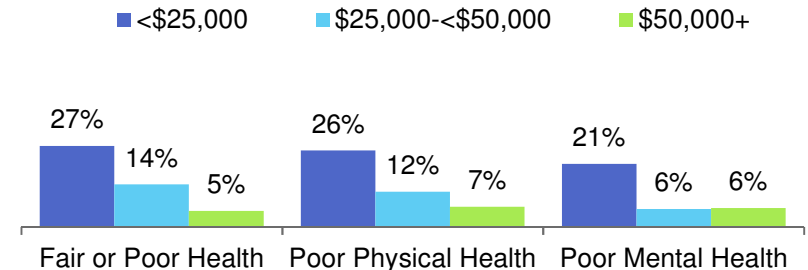
**Health Status Indicators by Gender
Rutland Adults**



Health Status Indicators by Age



Health Status Indicators by Income Level

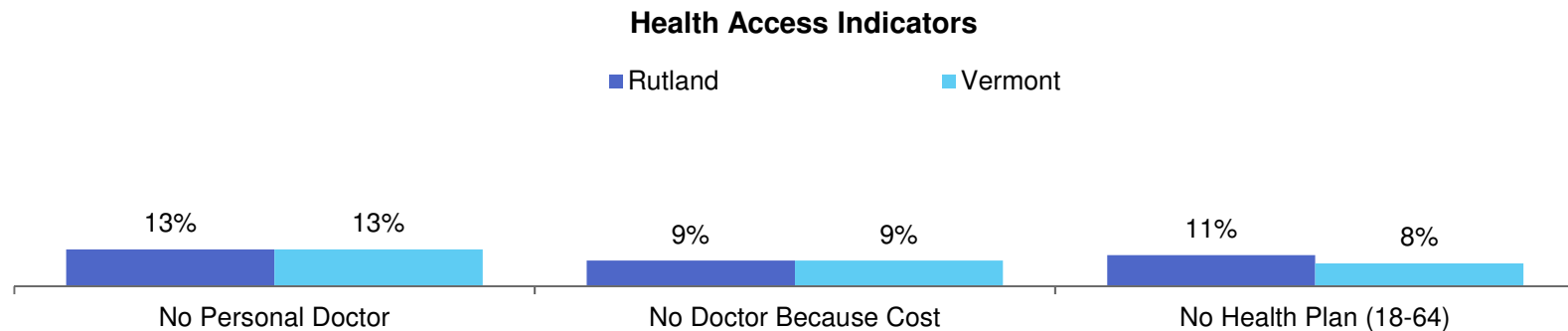


Health Access Indicators

In 2013-2014, one in eight (13%) adults in the Rutland area said they do not have a personal doctor for health care, while slightly fewer, nine percent said they delayed necessary care in the last year due to cost. Eleven percent of area adults, ages 18-64, said they do not have health insurance.

There are no statistically significant differences in health access, regardless of the measure, when comparing Rutland area and Vermont adults overall.

Among adults in the Rutland area, health access indicators have not changed significantly since 2011. See Appendix A for results over time.



Health Access Indicators

There are no statistical differences by gender, among Rutland area adults, in any measure of poor health access.

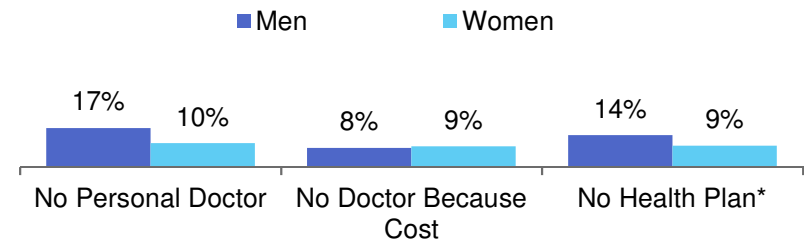
Poor health care access decreases with increasing age.

- Rutland adults 18-44 are significantly more likely than those 45 and older to not have a personal doctor.
- There are no differences in delaying care due to cost and not having a health plan by age.

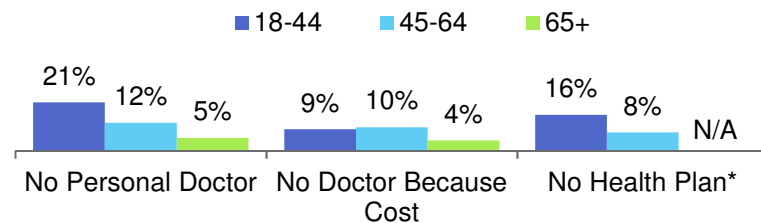
Poor health access is higher among adults with lower household incomes.

- Adults living in homes making less than \$25,000 per year are significantly more likely to delay care due to cost, than those with incomes of at least \$50,000.
- Adults in homes making \$25,000-\$49,999 per year are significantly more likely to be without a health plan than those with more income.
- There are no differences in not having a personal doctor by annual household income.

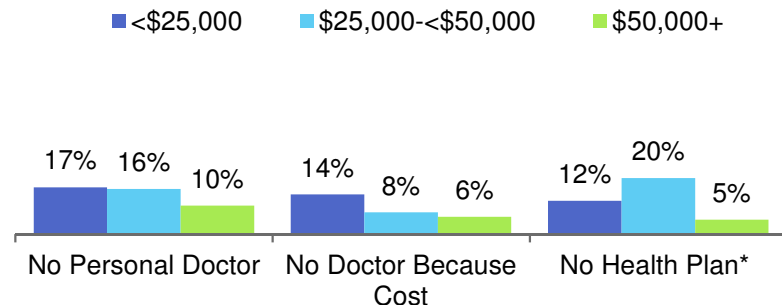
**Health Access Indicators by Gender
Rutland Adults**



Health Access Indicators by Age



Health Access Indicators by Income Level



*Limited to adults 18-64.

Disability

A quarter of Rutland adults (25%) reported having a disability in 2014, similar to the proportion reported among Vermont adults overall (24%).

- Disability was defined as having activity limitations due to physical, emotional or mental problems OR any health problem that requires use of special equipment.

Men and women in the Rutland area report being disabled at similar rates.

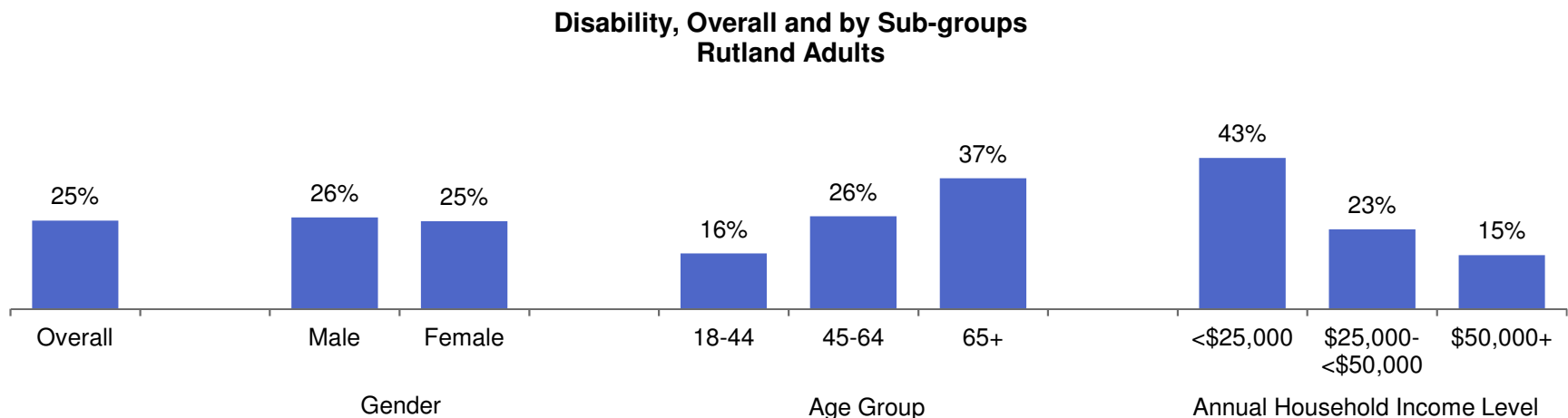
Reported disability among Rutland adults increases with increasing age.

- All differences by age are statistically significant.

Rutland area adults with lower annual household incomes are more likely to be disabled.

- Adults in homes making less than \$25,000 annually are significantly more likely to report being disabled than those in homes with more income.

Reported disability among Rutland area adults has not changed since 2011. See Appendix A for results over time.



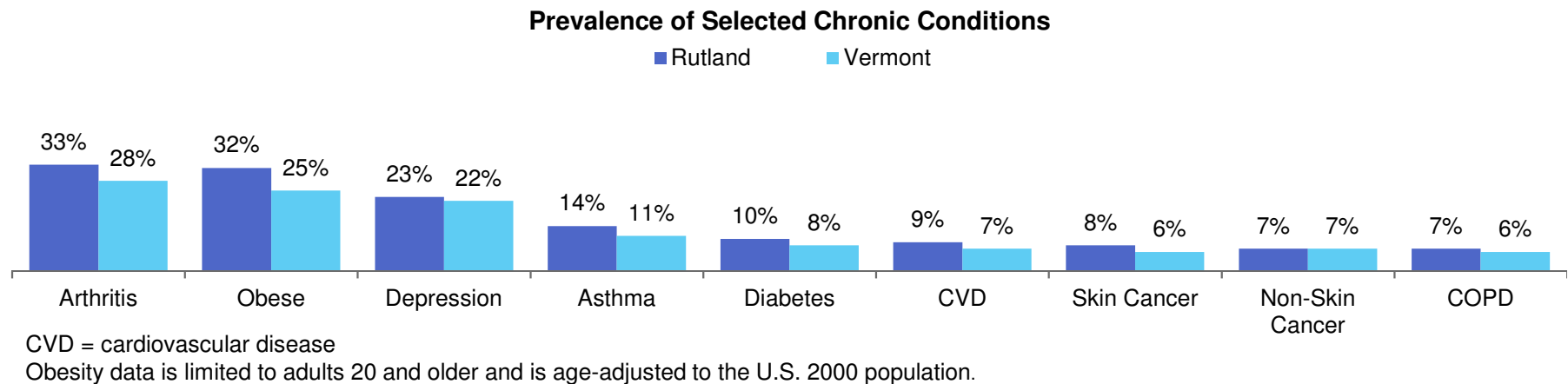
Chronic Conditions

Rutland area adults reported statistically higher rates of arthritis and obesity compared to Vermont adults overall.

- One in three adults in the Rutland area reported having arthritis or being obese, compared to one-quarter of Vermont adults (28% and 25% respectively).

Rutland and Vermont adults reported similar rates of each of the following chronic conditions: depressive disorder, asthma, diabetes, cardiovascular disease (CVD), chronic obstructive pulmonary disease (COPD), skin cancer, and non-skin cancers.

The skin cancer rate, among adults in the Rutland area, has significantly increased over time, from 5% (2011-2012) to 8% (2013-2014). Prevalence of other chronic conditions have not changed since 2011. See Appendix A for trend results.



Chronic Conditions

Rutland women are significantly more likely than men to report a depressive disorder.

- There are no statistically significant differences by gender in the prevalence of arthritis, obesity and asthma among Rutland adults.

Arthritis prevalence among Rutland adults increases with age.

- All differences in reported rates of arthritis by age are statistically significant.

The prevalence of depressive disorders decreases with age.

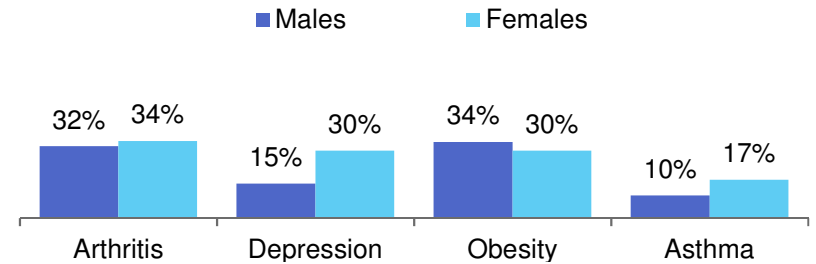
- Adults 65 and older are significantly less likely to report ever being diagnosed with a depressive disorder compared to younger adults

There are no statistical differences by age in the prevalence of obesity and asthma.

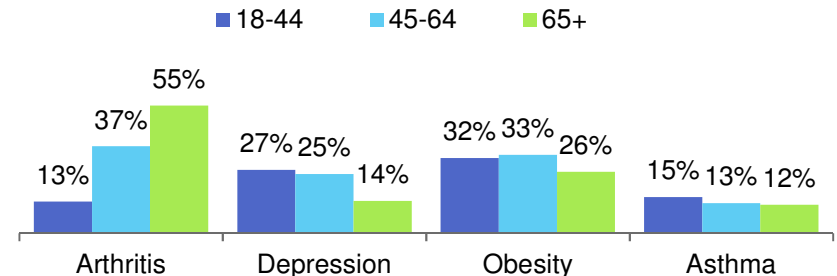
Rutland adults in homes with less income are more likely than those in homes with higher incomes to have arthritis, depression, obesity, and asthma.

- Rutland adults in homes making less than \$25,000 per year are significantly more likely than those homes with incomes of at least \$50,000 to have arthritis and asthma.
- Adults in homes with an income of less than \$25,000 annually are statistically more likely to report a depressive disorder than those in homes with more income.
- There are no statistical differences by annual household income level for rates of obesity.

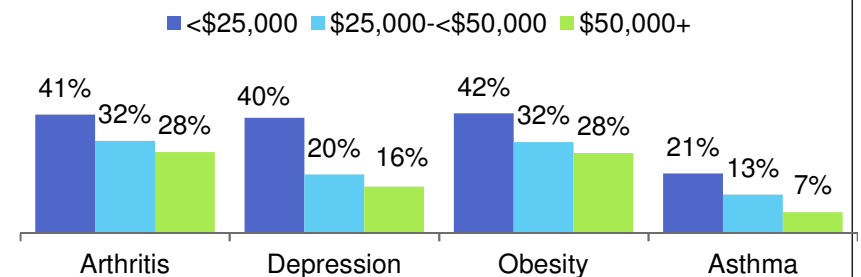
**Chronic Conditions by Gender
Rutland Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Note: Obesity data are for adults 20 and older and, except that by age, are age adjusted to U.S. 2000 standard population.

Chronic Conditions

There are no statistically significant differences by gender in the prevalence of cardiovascular disease, diabetes, and COPD.

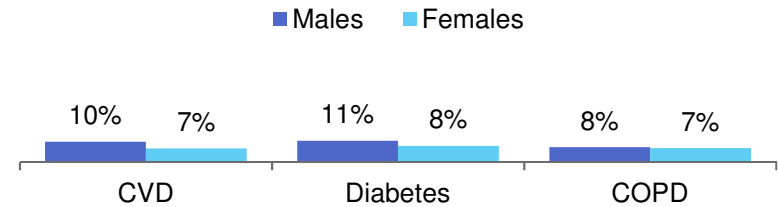
Among Rutland area adults, the prevalence of cardiovascular disease, diabetes, and COPD increases with increasing age.

- Adults 65 years of age and older report statistically higher rates of cardiovascular disease than younger age groups.
- Rutland area adults ages 18-44 are significantly less likely than older adults to report diabetes.
- All differences by age for COPD are statistically significant.

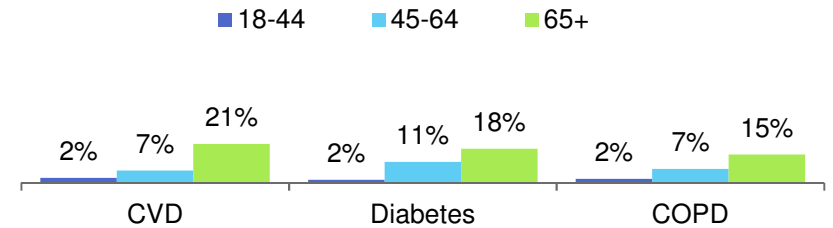
Rutland area adults in homes with less income are more likely to have cardiovascular disease, diabetes, and COPD.

- Those in homes making less than \$25,000 per year are significantly more likely than those in homes with more income to report cardiovascular disease and COPD.
- Adults in households making less than \$25,000 per year are significantly more likely to have diabetes than those in homes making \$50,000 or more.

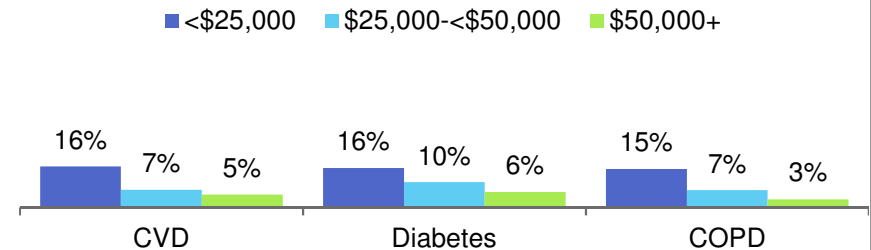
**Chronic Conditions by Gender
Rutland Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Chronic Conditions

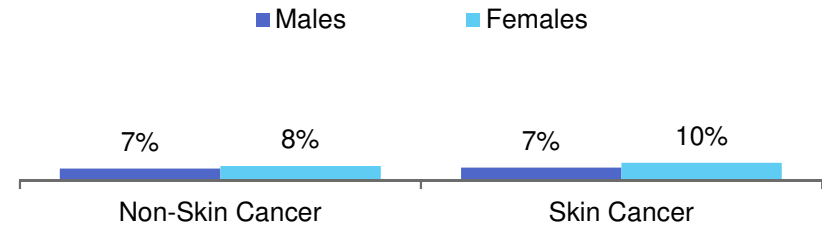
There are no statistical differences in the prevalence of non-skin cancer or skin cancer by gender, among Rutland adults.

The prevalence of both skin cancer and non-skin cancers in Rutland area adults increases with increasing age.

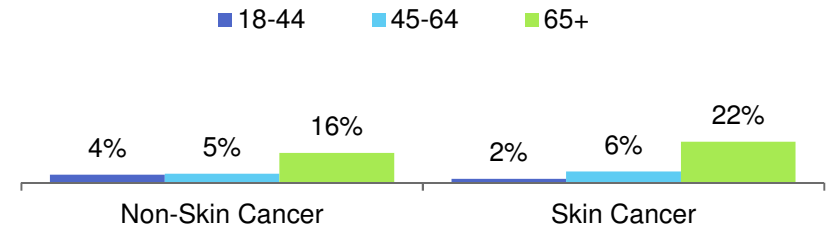
- Adults 65 and older are significantly more likely to report ever having skin cancer or a non-skin cancer compared with those 18-64.

There are no statistical differences by annual household income level in the prevalence of non-skin cancer or skin cancer.

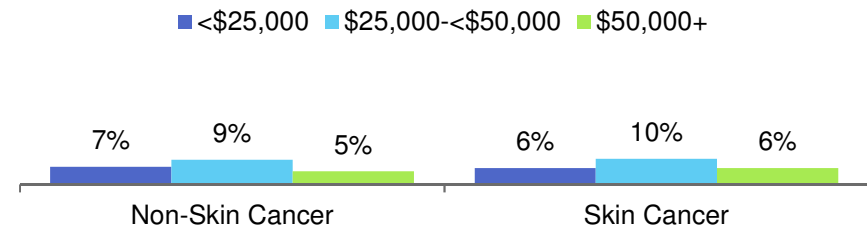
**Chronic Conditions by Gender
Rutland Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Risk Behaviors

In 2013-2014, one in five (21%) Rutland adults reported currently smoking. Of smokers, half had tried to quit in the last year.

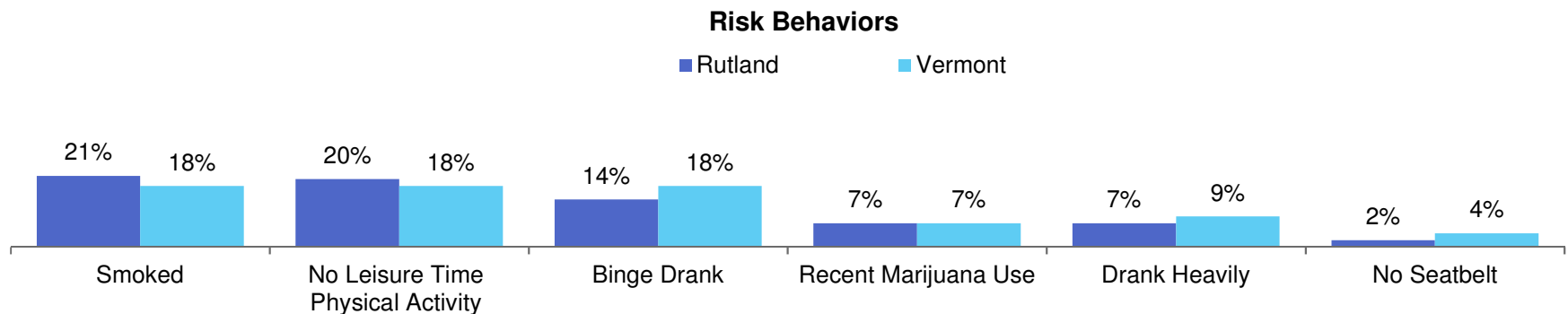
Twenty percent of Rutland adults also said they did not participate in any leisure time physical activity during the previous month.

One in seven (14%) adults said they binge drank in the last month, while seven percent drank heavily. Similarly, seven percent reported using marijuana in the last 30 days.

- Binge drinking was defined as five or more drinks in one sitting for men and four or more drinks for women. Heavy drinking was defined as more than two drinks per day for men and more than one for women.

Seldom or never wearing a seat belt was reported by two percent of adults in the Rutland area.

There are no statistical differences between Rutland area adults and Vermont adults for any risk behavior measures. Additionally, risk behavior prevalence has not changed significantly for any measure since 2011. See Appendix A for results over time.



Note: Smoking and exercise data are age adjusted to the U.S. 2000 standard population

Risk Behaviors

There are no statistically significant difference by gender in smoking and not participating in leisure time physical activity, among Rutland area adults.

Among adults in the Rutland area, smoking rates decrease with increasing age.

- Adults 18-64 have the highest smoking rates and are significantly more likely to report smoking than those 65 and older.

Conversely, not participating in physical activity increases with increasing age.

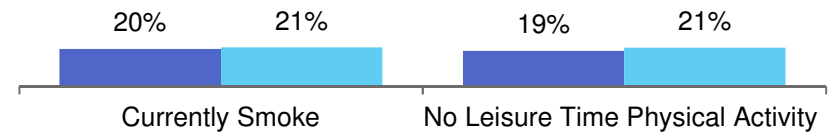
- Adults 45 are significantly more likely than younger adults to not participate in physical activity.

Rutland area adults in homes with less income are more likely to currently smoke and not participate in physical activity.

- Adults in homes making less than \$50,000 per year are more likely to smoke compared to those in homes with more income.
- Similarly, Rutland area adults in homes making less than \$25,000 per year are significantly more likely than those in homes making \$50,000 or more to not participate in exercise.

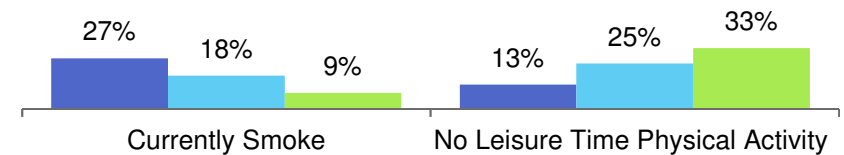
**Risk Behaviors by Gender
Rutland Adults**

■ Males ■ Females



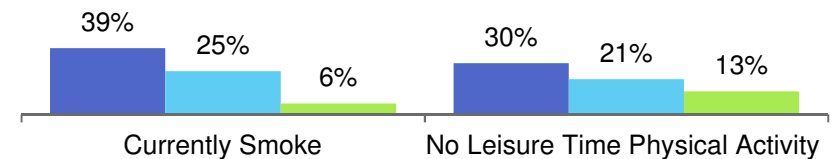
Risk Behaviors by Age

■ 18-44 ■ 45-64 ■ 65+



Risk Behaviors by Income Level

■ <\$25,000 ■ \$25,000-<\$50,000 ■ \$50,000+



Note: Smoking and physical activity data, except that by age, are age-adjusted to the U.S. 2000 population.

Risk Behaviors

Twelve percent of men in the Rutland area said they used marijuana in the last month. This is significantly higher than the two percent reported among women.

Binge drinking and heavy drinking use do not differ significantly by gender.

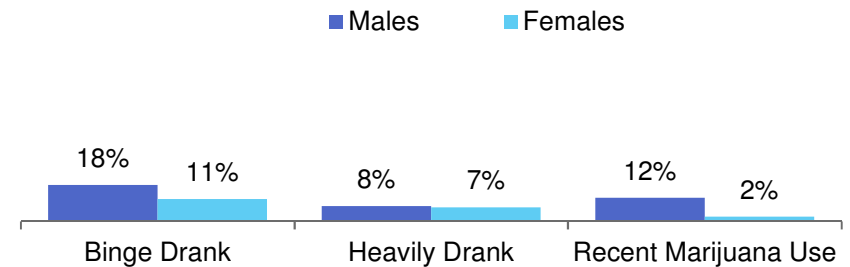
Binge drinking and marijuana use both decrease with increasing age.

- All differences in binge drinking and marijuana use by age are statistically significant.

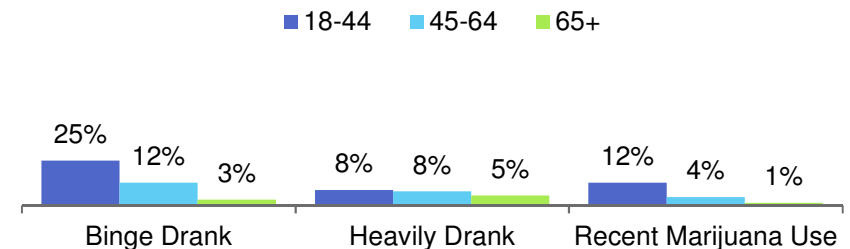
Heavy drinking does not differ significantly by age.

There are no statistical differences in binge drinking, heavy drinking or recent marijuana use by annual household income level, among Rutland area adults.

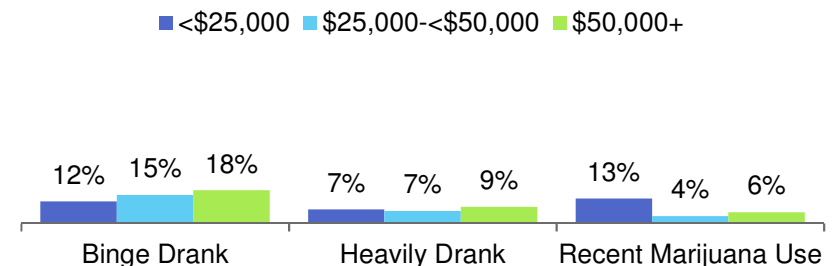
**Risk Behaviors by Gender
Rutland Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



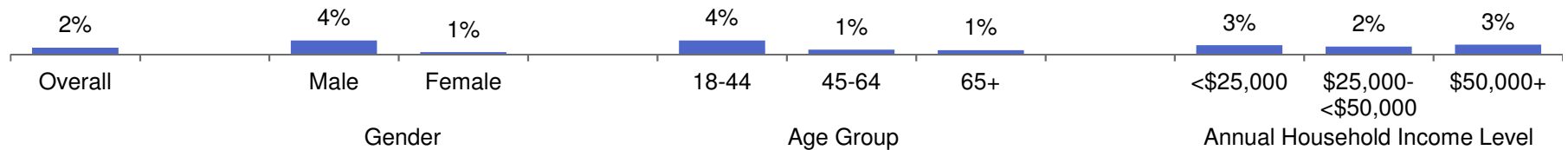
Risk Behaviors

Overall, two percent of adults in the Rutland area said they seldom or never wear a seatbelt when riding or driving in a car. This is similar to the four percent reported by Vermont adults overall.

Rutland area men are significantly more likely than women to seldom or never wear a seatbelt (4% vs. 1%).

Adult non-use of seatbelts in the Rutland area does not differ by age or annual household income.

**Seldom or Never Wear Seatbelt, Overall and by Sub-groups
Rutland Adults**

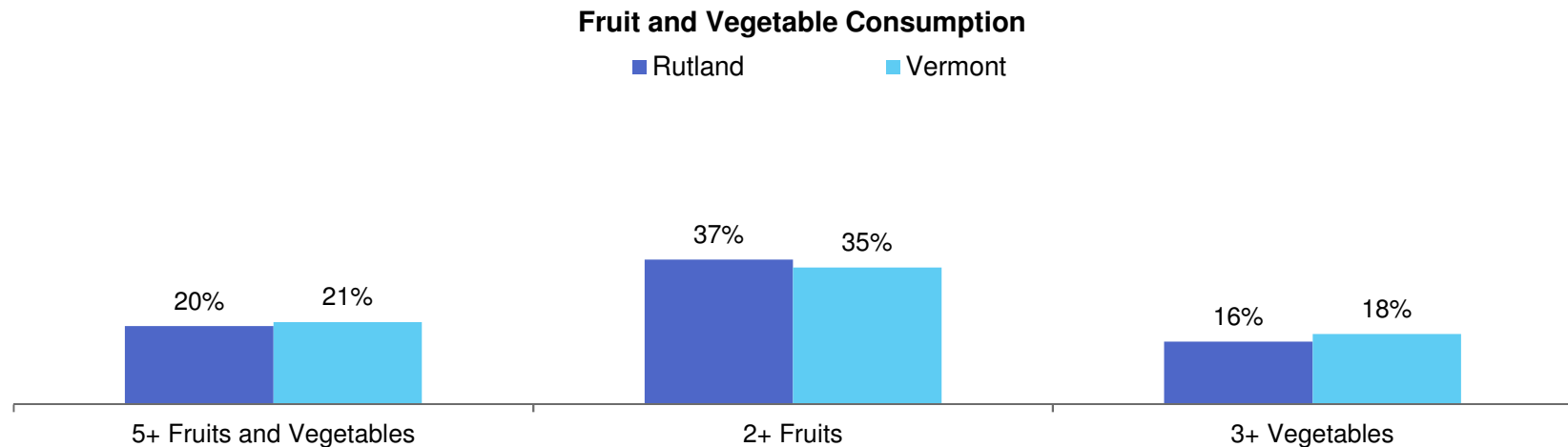


Preventive Behaviors

In 2011-2013, two in ten (20%) Rutland area adults reported eating five or more fruits and vegetables per day. More than a third (37%) ate two or more fruits while 16% reported eating three or more vegetables.

Rutland area adult consumption of fruits and vegetables is similar to that among Vermont adults.

Fruit and vegetable consumption was asked only in 2011 and 2013. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



Preventive Behaviors

Women in the Rutland area reported eating more fruits and vegetables than men.

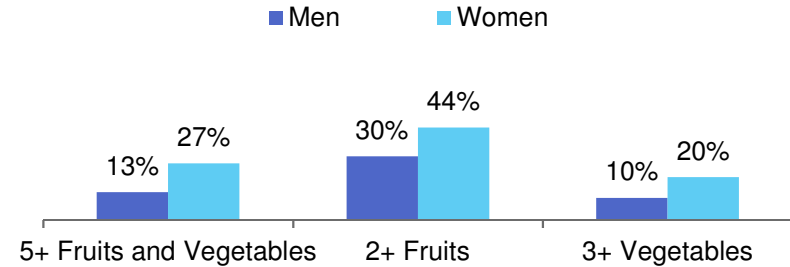
- All differences in fruit and vegetable consumption by gender are statistically significant.

Rutland area adult consumption of vegetables decreases with increasing age.

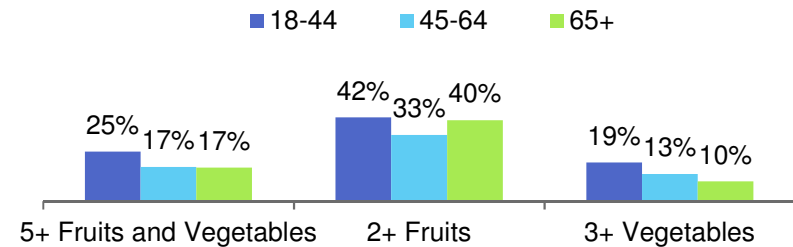
- Adults 65 and older are significantly less likely to eat three or more vegetables daily, compared to those 18-44.
- All other differences in fruit and vegetable consumption by age are not significant.

There are no differences in fruit and vegetable consumption by annual household income, among Rutland adults.

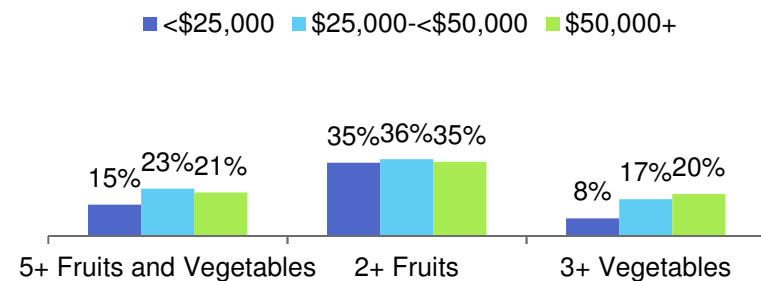
**Preventive Behaviors by Gender
Rutland Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



Note: Fruit and vegetable data, except that by age, is age adjusted to the U.S. 2000 standard population.

Preventive Behaviors

In 2011-2013, about six in ten (59%) Vermont adults reported meeting physical activity recommendations*. This is similar to the 58% reported among Rutland adults.

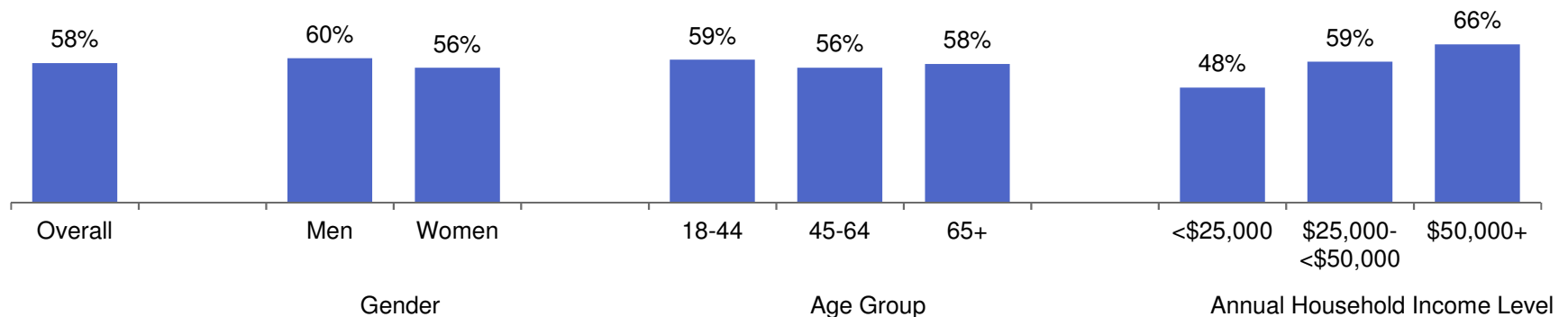
Among Rutland adults, there are no significant differences in meeting physical activity recommendations by gender or age.

Recommended physical activity increases as annual household income level increases.

- Adults in homes making at least \$50,000 annually are significantly more likely to participate in physical activity at recommended levels compared to those in homes making less than \$25,000 annually.

Information on recommended physical activity was only collected in 2011-2013. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.

**Met Physical Activity Recommendations, Overall and by Sub-groups
Rutland Adults**



*For adults, the CDC currently recommends they participate in 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week. Strength building activities are recommended at least two times per week. For more information see:

www.cdc.gov/physicalactivity/everyone/guidelines/index.html

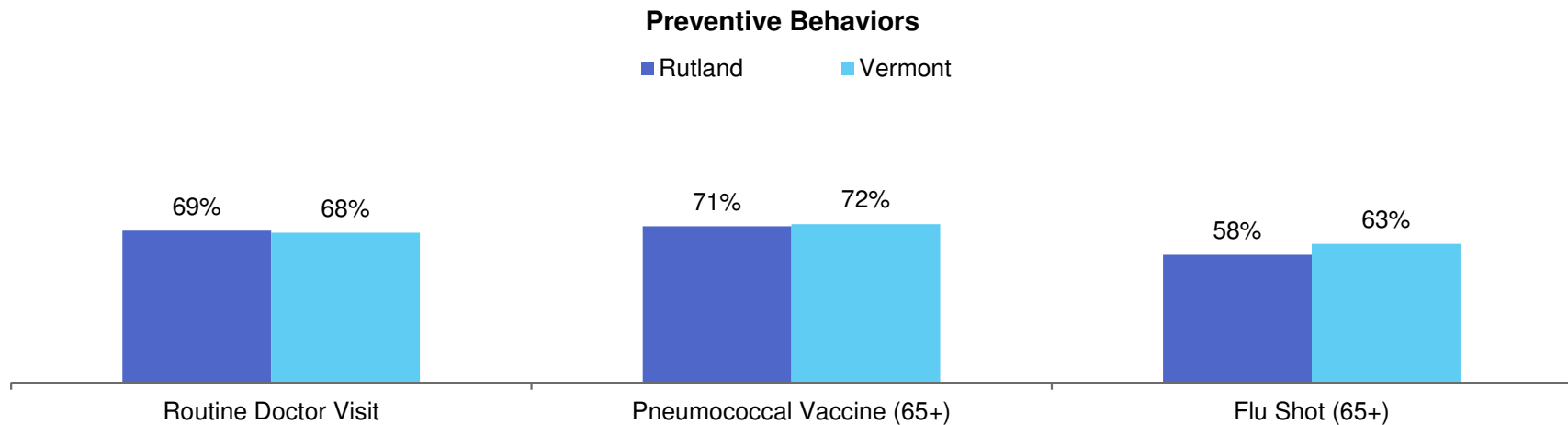
Preventive Behaviors

Seven in ten (69%) adults in the Rutland area said they saw their doctor for a routine visit in the previous year. This is similar to the 68% reported among all Vermont adults.

Similarly, 71% of Rutland area adults ages 65 and older have ever gotten a pneumococcal vaccine. Less than six in ten (58%) reported having a flu shot in the last year.

- Vermont adults, ages 65 and older reported getting pneumococcal and flu shot vaccines at similar rates to Rutland adults, 72% and 63%, respectively.

Routine doctor visits and receipt of vaccinations among Rutland area adults have not changed significantly since 2011. See Appendix A for results over time.



Preventive Behaviors

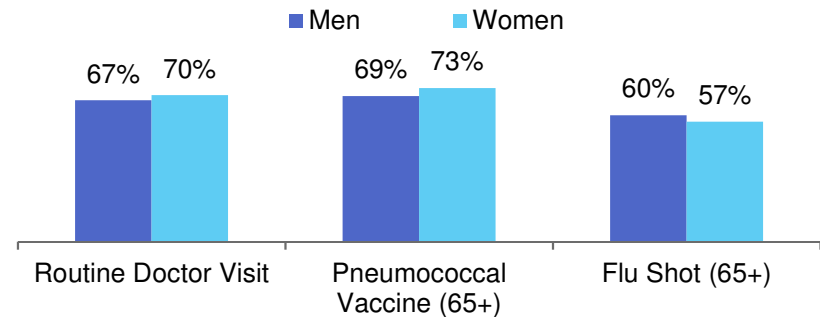
There are no differences, among Rutland area adults, in routine doctor visits, pneumococcal vaccinations, or flu shots by gender.

Routine visits to the doctor in the last year increase with age.

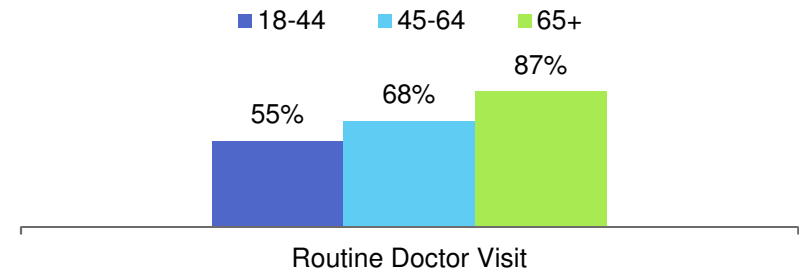
- All differences by age are statistically significant.

Rutland area adults report similar rates of routine doctor visits and receipt of vaccinations by annual household income.

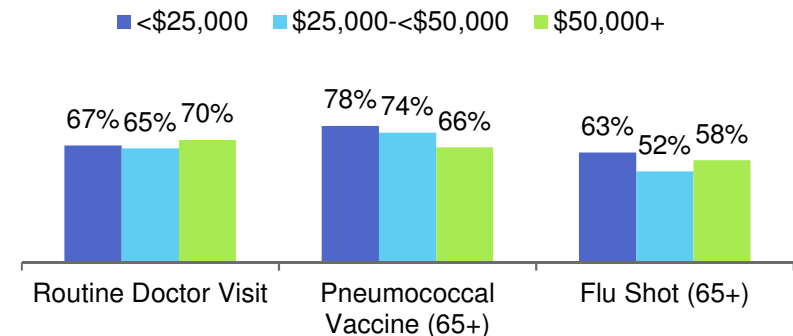
**Preventive Behaviors by Gender
Rutland Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level

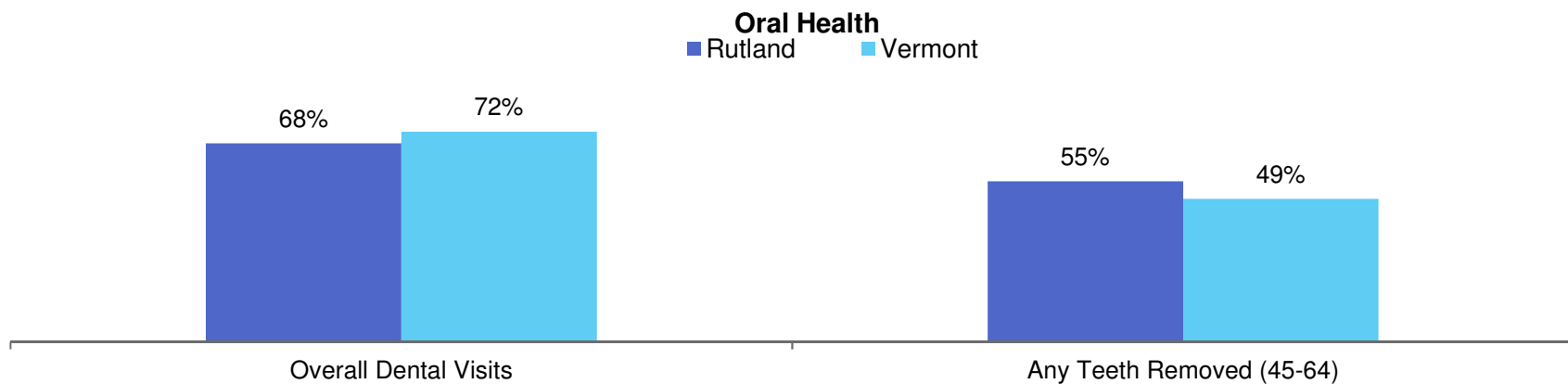


Oral Health

Two thirds (68%) of Rutland area adults had a routine dental visit in the last year. This is similar to seven in ten Vermont adults overall (72%).

Rutland area adults routinely visited the dentist at similar rates to Vermont adults overall (68% vs. 72%). Similarly, Rutland adults report having at least one tooth removed at statistically similar rates to Vermont adults overall (55% vs. 49%).

Oral health questions were only asked in 2012 and 2014. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



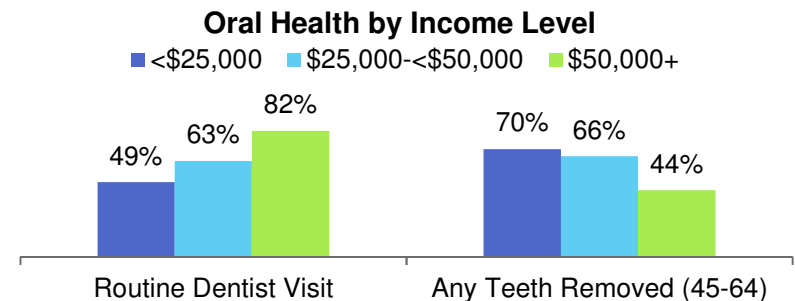
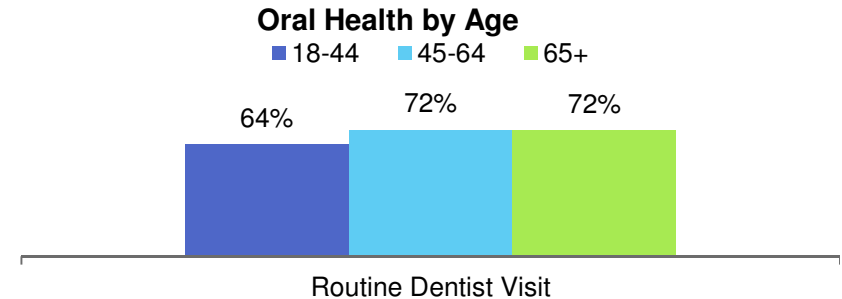
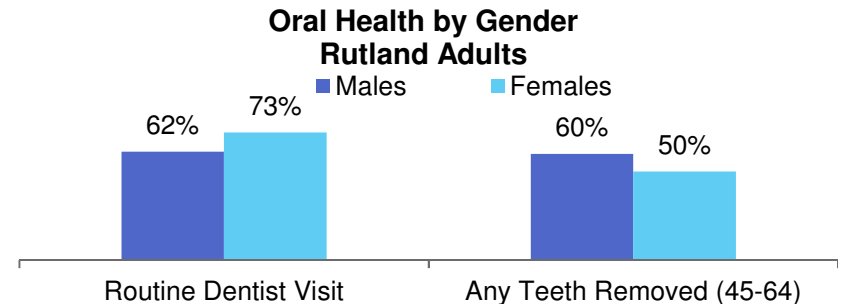
Oral Health

Among Rutland area adults, there are no differences by gender in routine dental visits and having one or more teeth extracted.

Routine dental visits also do not vary significantly by age.

Rutland Area adults living in homes with more income are more likely than those with less income to routinely visit the dentist and less likely to have had teeth removed.

- Adults in homes making \$50,000 or more per year are significantly more likely to regularly visit the dentist compared to those in homes with less income.
- Similarly, adults 45-64 in homes making at least \$50,000 are also significantly less likely to have had teeth removed than those in homes making less money.



HIV Screening

In 2013-2014, 30% of Rutland area adults had ever been tested for HIV. This is statistically similar to the 31% reported among Vermont adults overall.

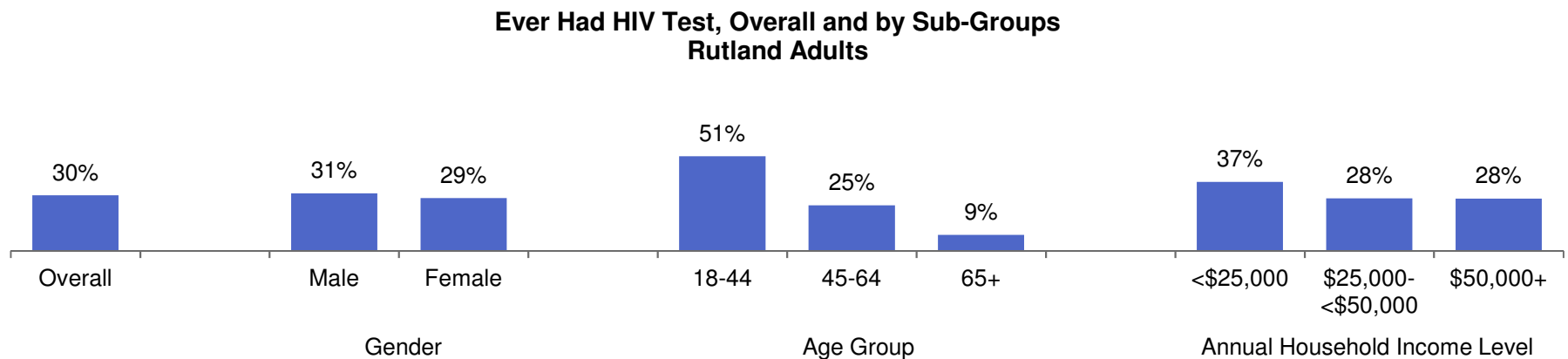
Men and women in the Rutland area report HIV testing at similar rates.

Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- All differences by age are statistically significant.

There are no differences by annual household income level, among adults in the Rutland area, in HIV testing.

In the Rutland District Office, HIV test rates have not changed significantly since 2011. See Appendix A for results over time.



Cancer Screening

In 2012-2014, more than three-quarters (77%) of women ages 50-74 in the Rutland area reported meeting breast cancer screening recommendations. This is similar to the 79% among all Vermont women in this age group.

- The breast cancer screening recommendation is a mammogram every two years.

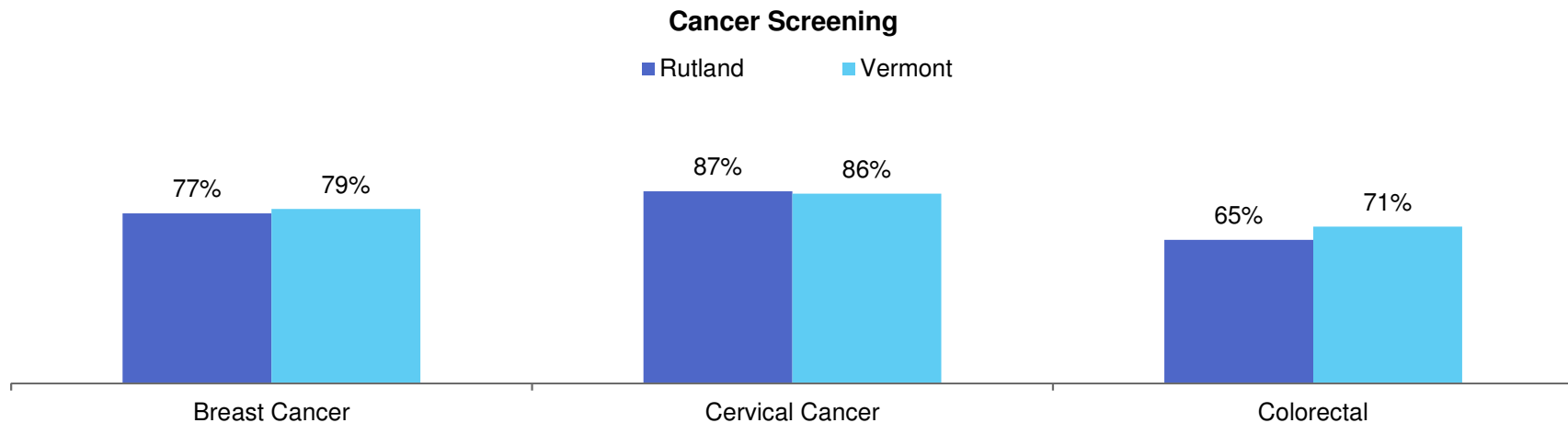
Eighty-seven percent of women 21-65 and older who live in the Rutland area met cervical cancer screening recommendations, the same as was reported among Vermont women of the same age.

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among adults 50 to 75 living in the Rutland area, roughly two-thirds (65%) met colorectal cancer screening recommendations. This is significantly less than the rate reported by Vermonters of the same age (71%).

- Recommendations for screening for colorectal cancer are: a fecal occult blood test (FOBT) annually OR sigmoidoscopy ever five years and FOBT every three years OR colonoscopy ever ten years.

Cancer Screening questions were only asked in 2012 and 2014. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



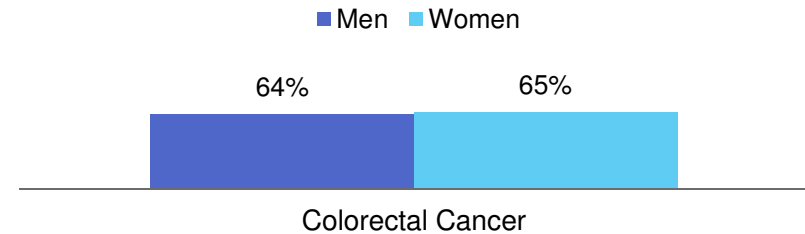
Cancer Screening

Among Rutland area adults, there are no statistically significant differences in receiving recommended colorectal cancer screenings by gender.

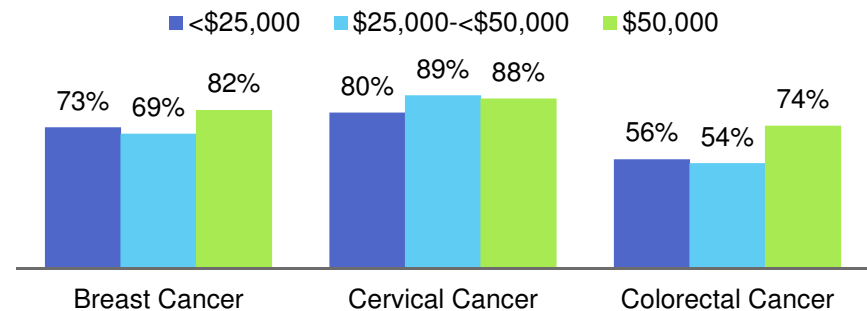
Receipt of cancer screenings is more likely among those in homes with higher incomes.

- Rutland adults 50-75 years of age, living in homes making at least \$50,000 annually are significantly more likely to meet colorectal cancer screening recommendations than those in homes with less income.
- Cervical and breast cancer screening does not vary significantly by annual household income level.

**Cancer Screening By Gender
Rutland Adults**



Cancer Screening by Income Level



Appendix A: Rutland District Office Trend Results (2011-2014)

Health Status Indicators	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Fair or Poor General Health	14%	14%	14%	No
Poor Physical Health	14%	12%	13%	No
Poor Mental Health	13%	12%	10%	No
Disabled	25%	23%	25%	No
Health Access Indicators	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
No Personal Doctor	12%	13%	13%	No
No Doctor Because of Cost	12%	11%	9%	No
No Health Plan (ages 18-64)	14%	15%	11%	No
Chronic Conditions	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Arthritis	30%	33%	33%	No
Depression	24%	25%	24%	No
Obesity	29%	32%	32%	No
Asthma	12%	14%	14%	No
Diabetes	8%	8%	10%	No
Non-Skin Cancer	7%	7%	7%	No
Cardiovascular Disease (CVD)	10%	9%	9%	No
Skin Cancer	5%	7%	8%	Yes
Chronic Obstructive Pulmonary Disease (COPD)	6%	7%	7%	No

Appendix A: Rutland District Office Trend Results (2011-2014)

Risk Behaviors	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Smoking	19%	19%	21%	No
Binge Drinking	16%	15%	14%	No
No Exercise	19%	19%	20%	No
Recent Marijuana Use	8%	7%	N/A	No
Heavy Drinking	7%	6%	7%	No
Seldom or Never use Seatbelt	4%	3%	2%	No
Preventative Behaviors	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Routine Doctor Visit, in Last year	66%	66%	69%	No
Pneumococcal Vaccine, Ever, Ages 65+	74%	74%	71%	No
Flu Shot in the Last Year, Ages 65+	62%	61%	58%	No
Ever Tested for HIV	28%	28%	30%	No

Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

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Additional sub-state level data can be found on the Vermont Department of Health website

<http://healthvermont.gov/hv2020/index.aspx>

The Vermont BRFSS Program would like to acknowledge the work of Joseph Allario, Vermont Department of Health intern, who was responsible for creating these reports.

Towns in the Rutland Health District are: Goshen, Benson, Brandon, Castleton, Chittenden, Clarendon, Danby, Fair Haven, Hubbardton, Ira, Killington, Mendon, Middletown Springs, Mount Holly, Mount Tabor, Pawlet, Pittsfield, Pittsford, Poultney, Proctor, Rutland, Rutland City, Shrewsbury, Sudbury, Tinmouth, Wallingford, Wells, West Haven, and West Rutland.